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RULE				

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** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/655,127 09/05/2000 PAT 6,336,235
WHICH IS A CON OF 09/018,542 02/04/1998 PAT 6,163,903
WHICH IS A CON OF 08/511,711 08/04/1995 PAT 5,715,548

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 51	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

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TITLE

Hospital bed

☐ All Fees

**FILING FEE
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974

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

☐ 1.16 Fees (Filing)

☐ 1.17 Fees (Processing Ext. of
time)

☐ 1.18 Fees (Issue)

☐ Other _____

☐ Credit